Copiktra™
(duvelisib) 15mg | 25mg capsules

DOSING GUIDE
AND
ADVERSE REACTION MANAGEMENT

INDICATIONS AND USAGE

COPIKTRA is indicated for:

- The treatment of adult patients with relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) after at least two prior therapies; and
- The treatment of adult patients with relapsed or refractory follicular lymphoma (FL) after at least two prior systemic therapies

This indication is approved under accelerated approval based on overall response rate (ORR). Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

IMPORTANT SAFETY INFORMATION

WARNING: FATAL AND SERIOUS TOXICITIES: INFECTIONS, DIARRHEA OR COLITIS, CUTANEOUS REACTIONS, and PNEUMONITIS

- **Fatal and/or serious infections occurred in 31% of COPIKTRA-treated patients. Monitor for signs and symptoms of infection. Withhold COPIKTRA if infection is suspected.**
- **Fatal and/or serious diarrhea or colitis occurred in 18% of COPIKTRA-treated patients. Monitor for the development of severe diarrhea or colitis. Withhold COPIKTRA.**
- **Fatal and/or serious cutaneous reactions occurred in 5% of COPIKTRA-treated patients. Withhold COPIKTRA.**
- **Fatal and/or serious pneumonitis occurred in 5% of COPIKTRA-treated patients. Monitor for pulmonary symptoms and interstitial infiltrates. Withhold COPIKTRA.**

Please see Important Safety Information, including **Boxed Warning**, within the safety tab, as well as accompanying full Prescribing Information and Medication Guide.

COPIKTRA™ (duvelisib) is an oral, twice-daily monotherapy

COPIKTRA is available in 2 dosage strengths:

Not actual size.

The recommended dose of COPIKTRA is 25 mg administered as oral capsules twice daily (BID) with or without food.

Dosing guidelines:

- COPIKTRA is an oral monotherapy taken in 28-day cycles until disease progression or unacceptable toxicity
- The capsules should be swallowed whole. Advise patients not to open, break, or chew the capsules
- Advise patients that if a dose is missed by fewer than 6 hours, to take the missed dose right away and take the next dose as usual
- If a dose is missed by more than 6 hours, advise patients to wait and take the next dose at the usual time

Prophylaxis recommendations:

- Provide prophylaxis for PJP during treatment with COPIKTRA
- Following completion of COPIKTRA treatment, continue PJP prophylaxis until the absolute CD4+ T-cell count is greater than 200 cells/µL
- Withhold COPIKTRA in patients with suspected PJP of any grade, and permanently discontinue if PJP is confirmed
- Consider prophylactic antivirals during COPIKTRA treatment to prevent CMV infection, including CMV reactivation

Dose modifications:

- Reduce the dose of COPIKTRA to 15 mg twice daily when co-administered with strong CYP3A4 inhibitors (eg, ketoconazole)
- Dose modification and toxicity management guidelines are available for select adverse reactions observed with COPIKTRA. **Please refer to pages 4-9 or full Prescribing Information for complete dose modification guidelines**

CMV, cytomegalovirus; PJP, *Pneumocystis jirovecii* pneumonia.

Clinical trial experience with COPIKTRA

Copiktra™ (duvelisib) 15mg | 25mg capsules

Patients with CLL/SLL received COPIKTRA 25 mg orally twice daily in a randomized, open-label, active-controlled phase 3 clinical trial (n=158)*

11.6 months	49% of patients	29% of patients
median duration of treatment	were exposed for ≥1 year	had their dose reduced due to an adverse reaction†

Patients with FL received COPIKTRA 25 mg orally twice daily in single-arm phase 2 and phase 1 trials (N=96)‡

24 weeks	46% of patients	23% of patients
median duration of treatment	exposed for ≥6 months	had their dose reduced due to an adverse reaction§

Did you know

The median time to first dose modification or discontinuation was 4 months (range: 0.1 to 27 months). Of the patients requiring dose adjustments, 75% had their first dose modification or discontinuation within 7 months of starting COPIKTRA.

*After at least 1 prior therapy.
†Most often due to diarrhea or colitis and rash.
‡After at least 2 prior therapies.
§Most often due to transaminase elevation, diarrhea or colitis, lipase increased, and infection.

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Nonhematologic adverse reaction management

TOXICITY	GRADE	RECOMMENDED MANAGEMENT
CUTANEOUS REACTIONS	GRADE 1-2	**NO CHANGE** in dose **INITIATE** supportive care with emollients, antihistamines (for pruritus), or topical steroids **MONITOR** closely
	GRADE 3	**WITHHOLD** COPIKTRA until resolved **INITIATE** supportive care with emollients, antihistamines (for pruritus), or topical steroids **MONITOR** at least weekly until resolved **RESUME** COPIKTRA at reduced dose **DISCONTINUE** COPIKTRA if severe cutaneous reaction does not improve, worsens, or recurs
	LIFE-THREATENING	**DISCONTINUE** COPIKTRA
	SJS, TEN, DRESS (ANY GRADE)	**DISCONTINUE** COPIKTRA

DRESS, drug reaction with eosinophilia and systemic symptoms; SJS, Stevens-Johnson syndrome; TEN, toxic epidermal necrolysis.

TOXICITY	GRADE	RECOMMENDED MANAGEMENT
NON-INFECTIOUS DIARRHEA OR COLITIS	**MILD/MODERATE DIARRHEA (GRADE 1-2)** Up to 6 stools per day over baseline and responsive to antidiarrheal agents OR **COLITIS (GRADE 1)** Asymptomatic	**NO CHANGE** in dose **INITIATE** supportive therapy with antidiarrheal agents as appropriate **MONITOR** at least weekly until resolved
	MILD/MODERATE DIARRHEA (GRADE 1-2) Up to 6 stools per day over baseline and unresponsive to antidiarrheal agents	**WITHHOLD** COPIKTRA until resolved **INITIATE** supportive therapy with enteric acting steroids (eg, budesonide) **MONITOR** at least weekly until resolved **RESUME** COPIKTRA at reduced dose
	ABDOMINAL PAIN, STOOL WITH MUCUS OR BLOOD, CHANGE IN BOWEL HABITS, PERITONEAL SIGNS OR **SEVERE DIARRHEA (GRADE 3)** More than 6 stools per day over baseline	**WITHHOLD** COPIKTRA until resolved **INITIATE** supportive therapy with enteric acting steroids (eg, budesonide) or systemic steroids **MONITOR** at least weekly until resolved **RESUME** COPIKTRA at reduced dose **DISCONTINUE** COPIKTRA for recurrent grade 3 diarrhea or recurrent colitis of any grade
	LIFE-THREATENING	**DISCONTINUE** COPIKTRA

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Nonhematologic adverse reaction management (cont'd)

TOXICITY	GRADE	RECOMMENDED MANAGEMENT
PNEUMONITIS WITHOUT SUSPECTED INFECTIOUS CAUSE	**MODERATE (GRADE 2)** symptomatic pneumonitis	**WITHHOLD** COPIKTRA **TREAT** with systemic steroid therapy **RESUME** COPIKTRA at reduced dose if pneumonitis recovers to grade 0 or 1 **DISCONTINUE** COPIKTRA if non-infectious pneumonitis recurs or patient does not respond to steroid therapy
	SEVERE (GRADE 3) or life-threatening pneumonitis	**DISCONTINUE** COPIKTRA **TREAT** with systemic steroid therapy
INFECTIONS	**GRADE 3 OR HIGHER INFECTION**	**WITHHOLD** COPIKTRA until resolved **RESUME** COPIKTRA at same or reduced dose
	CLINICAL CMV INFECTION OR VIREMIA (positive PCR or antigen test)	**WITHHOLD** COPIKTRA until resolved **RESUME** COPIKTRA at same or reduced dose **MONITOR** patients for CMV reactivation (by PCR or antigen test) at least monthly if COPIKTRA is resumed
	PJP	**WITHHOLD** COPIKTRA until evaluated for suspected PJP **DISCONTINUE** COPIKTRA for confirmed PJP

PCR, polymerase chain reaction.

TOXICITY	GRADE	RECOMMENDED MANAGEMENT
ALT/AST ELEVATION	3 TO 5 × ULN (GRADE 2)	**MAINTAIN** COPIKTRA dose **MONITOR** at least weekly until return to < 3 × ULN
	>5 TO 20 × ULN (GRADE 3)	**WITHHOLD** COPIKTRA **MONITOR** at least weekly until return to < 3 × ULN **RESUME** COPIKTRA at same dose (first occurrence) or at a reduced dose for subsequent occurrences
	>20 × ULN (GRADE 4)	**DISCONTINUE** COPIKTRA

ALT, alanine aminotransferase; AST, aspartate aminotransferase; ULN, upper limit of normal.

Did you know

COPIKTRA does not have any contraindications listed in the Prescribing Information.

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Hematologic adverse reaction management

TOXICITY	GRADE	RECOMMENDED MANAGEMENT
NEUTROPENIA	**ANC 0.5 TO 1.0 Gi/L**	**MAINTAIN** COPIKTRA dose **MONITOR** ANC at least weekly
	ANC <0.5 Gi/L	**WITHHOLD** COPIKTRA **MONITOR** ANC until >0.5 Gi/L **RESUME** COPIKTRA at same dose (first occurrence) or at a reduced dose for subsequent occurrences
THROMBOCYTOPENIA	**PLATELET COUNT 25 TO <50 Gi/L (GRADE 3)** with grade 1 bleeding	**NO CHANGE** in dose **MONITOR** platelet counts at least weekly
	PLATELET COUNT 25 TO <50 Gi/L (GRADE 3) with grade 2 bleeding OR **PLATELET COUNT <25 Gi/L (GRADE 4)**	**WITHHOLD** COPIKTRA **MONITOR** platelet counts until ≥25 Gi/L and resolution of bleeding (if applicable) **RESUME** COPIKTRA at same dose (first occurrence) or at a reduced dose for subsequent occurrences

ANC, absolute neutrophil count.

Dose modification guidelines

Copiktra™ (duvelisib) 15mg | 25mg capsules

DOSE LEVEL	DOSE
INITIAL DOSE	25 MG TWICE DAILY
DOSE REDUCTION	15 MG TWICE DAILY
SUBSEQUENT DOSE MODIFICATION	DISCONTINUE COPIKTRA IF PATIENT IS UNABLE TO TOLERATE 15 MG TWICE DAILY

Did you know

Toxicities can be managed with dose reduction, treatment hold, or discontinuation of COPIKTRA.

Please see Important Safety Information, including **Boxed Warning**, within the safety tab, as well as accompanying full Prescribing Information and Medication Guide.

Action plans for COPIKTRA-related non-infectious diarrhea or colitis

MILD OR MODERATE DIARRHEA OR ASYMPTOMATIC COLITIS

DEFINITIONS	**DIARRHEA:** Up to 6 stools per day over baseline **COLITIS:** Asymptomatic inflammation of the colon
SEVERITY	**DIARRHEA:** Grade 1-2 **COLITIS:** Grade 1
ACTION PLAN	**INITIATE** supportive care with antidiarrheal agents as appropriate **CONTINUE** COPIKTRA at the current dose **MONITOR** the patient at least weekly until the event resolves

IF DIARRHEA IS UNRESPONSIVE TO ANTIDIARRHEAL THERAPY:

ACTION PLAN	**WITHHOLD** COPIKTRA **INITIATE** supportive therapy with enteric acting steroids (eg, budesonide) **MONITOR** the patient at least weekly **RESTART** COPIKTRA at a reduced dose upon resolution of the diarrhea

Did you know

The median time to onset of any grade diarrhea or colitis was 4 months, with a median duration of ~2 weeks.

SEVERE DIARRHEA OR COLITIS

DEFINITIONS	**DIARRHEA:** More than 6 stools per day over baseline or abdominal pain, stool with mucus or blood, change in bowel habits, or peritoneal signs **COLITIS:** Inflammation of the colon, including enterocolitis, microscopic colitis, and ulcerative colitis
SEVERITY	**DIARRHEA:** Grade 3 **COLITIS:** Grade 2 or higher
ACTION PLAN	**WITHHOLD** COPIKTRA **INITIATE** supportive therapy with enteric acting steroids (eg, budesonide) or systemic steroids **PERFORM** a diagnostic work-up to determine etiology, including colonoscopy **MONITOR** at least weekly **RESTART** COPIKTRA at a reduced dose upon resolution of the diarrhea or colitis **DISCONTINUE** COPIKTRA for recurrent grade 3 diarrhea or recurrent colitis of any grade and life-threatening diarrhea or colitis

Did you know

75% of any grade diarrhea and colitis occurred within the first 8 months of treatment with COPIKTRA.

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INDICATIONS AND USAGE

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- The treatment of adult patients with relapsed or refractory CLL or SLL after at least two prior therapies; and
- The treatment of adult patients with relapsed or refractory FL after at least two prior systemic therapies.
  This indication is approved under accelerated approval based on overall response rate (ORR). Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

IMPORTANT SAFETY INFORMATION

WARNING: FATAL AND SERIOUS TOXICITIES: INFECTIONS, DIARRHEA OR COLITIS, CUTANEOUS REACTIONS, and PNEUMONITIS

- Fatal and/or serious infections occurred in 31% of COPIKTRA-treated patients. Monitor for signs and symptoms of infection. Withhold COPIKTRA if infection is suspected.
- Fatal and/or serious diarrhea or colitis occurred in 18% of COPIKTRA-treated patients. Monitor for the development of severe diarrhea or colitis. Withhold COPIKTRA.
- Fatal and/or serious cutaneous reactions occurred in 5% of COPIKTRA-treated patients. Withhold COPIKTRA.
- Fatal and/or serious pneumonitis occurred in 5% of COPIKTRA-treated patients. Monitor for pulmonary symptoms and interstitial infiltrates. Withhold COPIKTRA.

WARNINGS AND PRECAUTIONS

Infections: Serious, including fatal (18/442; 4%), infections occurred in 31% of patients receiving COPIKTRA 25 mg BID (N=442).

Infections (cont'd): The most common serious infections were pneumonia, sepsis, and lower respiratory infections. Median time to onset of any grade infection was 3 months (range: 1 day to 32 months), with 75% of cases occurring within 6 months. Treat infections prior to initiation of COPIKTRA. Advise patients to report new or worsening signs and symptoms of infection. For grade 3 or higher infection, withhold COPIKTRA until infection is resolved. Resume COPIKTRA at the same or reduced dose. Serious, including fatal, *Pneumocystis jirovecii* pneumonia (PJP) occurred in 1% of patients taking COPIKTRA. Provide prophylaxis for PJP during treatment with COPIKTRA and following completion of treatment with COPIKTRA until the absolute CD4+ T cell count is greater than 200 cells/µL. Withhold COPIKTRA in patients with suspected PJP of any grade, and permanently discontinue if PJP is confirmed. Cytomegalovirus (CMV) reactivation/infection occurred in 1% of patients taking COPIKTRA. Consider prophylactic antivirals during COPIKTRA treatment to prevent CMV infection including CMV reactivation. For clinical CMV infection or viremia, withhold COPIKTRA until infection or viremia resolves. If COPIKTRA is resumed, administer the same or reduced dose and monitor patients for CMV reactivation by PCR or antigen test at least monthly.

Diarrhea or Colitis: Serious, including fatal (1/442; <1%), diarrhea or colitis occurred in 18% of patients receiving COPIKTRA 25 mg BID (N=442). Median time to onset of any grade diarrhea or colitis was 4 months (range: 1 day to 33 months), with 75% of cases occurring by 8 months. The median event duration was 0.5 months (range: 1 day to 29 months; 75th percentile: 1 month). Advise patients to report any new or worsening diarrhea. For patients presenting with mild or moderate diarrhea (Grade 1-2) (i.e., up to 6

Diarrhea or Colitis (cont'd): stools per day over baseline) or asymptomatic (Grade 1) colitis, initiate supportive care with antidiarrheal agents, continue COPIKTRA at the current dose, and monitor the patient at least weekly until the event resolves. If the diarrhea is unresponsive to antidiarrheal therapy, withhold COPIKTRA and initiate supportive therapy with enteric acting steroids (e.g., budesonide). Monitor the patient at least weekly. Upon resolution of the diarrhea, consider restarting COPIKTRA at a reduced dose. For patients presenting with abdominal pain, stool with mucus or blood, change in bowel habits, peritoneal signs, or with severe diarrhea (Grade 3) (i.e., > 6 stools per day over baseline), withhold COPIKTRA and initiate supportive therapy with enteric acting steroids (e.g., budesonide) or systemic steroids. A diagnostic work-up to determine etiology, including colonoscopy, should be performed. Monitor at least weekly. Upon resolution of the diarrhea or colitis, restart COPIKTRA at a reduced dose. For recurrent Grade 3 diarrhea or recurrent colitis of any grade, discontinue COPIKTRA. Discontinue COPIKTRA for life-threatening diarrhea or colitis.

Cutaneous Reactions: Serious, including fatal (2/442; <1%), cutaneous reactions occurred in 5% of patients receiving COPIKTRA 25 mg BID (N=442). Fatal cases included drug reaction with eosinophilia and systemic symptoms (DRESS) and toxic epidermal necrolysis (TEN). Median time to onset of any grade cutaneous reaction was 3 months (range: 1 day to 29 months, 75th percentile: 6 months) with a median event duration of 1 month (range: 1 day to 37 months, 75th percentile: 2 months). Presenting features for the serious events were primarily described as pruritic, erythematous, or maculo-papular. Less common presenting features include

Cutaneous Reactions (cont'd): exanthem, desquamation, erythroderma, skin exfoliation, keratinocyte necrosis, and papular rash. Advise patients to report new or worsening cutaneous reactions. Review all concomitant medications and discontinue any medications potentially contributing to the event. For patients presenting with mild or moderate (Grade 1-2) cutaneous reactions, continue COPIKTRA at the current dose, initiate supportive care with emollients, antihistamines (for pruritus), or topical steroids, and monitor the patient closely. Withhold COPIKTRA for severe (Grade 3) cutaneous reaction until resolution. Initiate supportive care with steroids (topical or systemic) or antihistamines (for pruritus). Monitor at least weekly until resolved. Upon resolution of the event, restart COPIKTRA at a reduced dose. Discontinue COPIKTRA if severe cutaneous reaction does not improve, worsens, or recurs. For life-threatening cutaneous reactions, discontinue COPIKTRA. In patients with SJS, TEN, or DRESS of any grade, discontinue COPIKTRA.

Pneumonitis: Serious, including fatal (1/442; <1%), pneumonitis without an apparent infectious cause occurred in 5% of patients receiving COPIKTRA 25 mg BID (N=442). Median time to onset of any grade pneumonitis was 4 months (range: 9 days to 27 months), with 75% of cases occurring within 9 months. The median event duration was 1 month, with 75% of cases resolving by 2 months. Withhold COPIKTRA in patients with new or progressive pulmonary signs and symptoms such as cough, dyspnea, hypoxia, interstitial infiltrates on a radiologic exam, or a decline by more than 5% in oxygen saturation, and evaluate for etiology. If the pneumonitis is infectious, patients may be restarted on COPIKTRA at the previous dose once the infection,

Pneumonitis (cont'd): pulmonary signs and symptoms resolve. For moderate non-infectious pneumonitis (Grade 2), treat with systemic corticosteroids and resume COPIKTRA at a reduced dose upon resolution. If non-infectious pneumonitis recurs or does not respond to steroid therapy, discontinue COPIKTRA. For severe or life-threatening non-infectious pneumonitis, discontinue COPIKTRA and treat with systemic steroids.

Hepatotoxicity: Grade 3 and 4 ALT and/or AST elevation developed in 8% and 2%, respectively, of patients receiving COPIKTRA 25 mg BID (N=442). Two percent of patients had both an ALT or AST > 3 X ULN and total bilirubin > 2 X ULN. Median time to onset of any grade transaminase elevation was 2 months (range: 3 days to 26 months), with a median event duration of 1 month (range: 1 day to 16 months). Monitor hepatic function during treatment with COPIKTRA. For Grade 2 ALT/AST elevation (> 3 to 5 X ULN), maintain COPIKTRA dose and monitor at least weekly until return to < 3 X ULN. For Grade 3 ALT/AST elevation (> 5 to 20 X ULN), withhold COPIKTRA and monitor at least weekly until return to < 3 X ULN. Resume COPIKTRA at the same dose (first occurrence) or at a reduced dose for subsequent occurrences. For grade 4 ALT/AST elevation (> 20 X ULN), discontinue COPIKTRA.

Neutropenia: Grade 3 or 4 neutropenia occurred in 42% of patients receiving COPIKTRA 25 mg BID (N=442), with Grade 4 neutropenia occurring in 24% of all patients. Median time to onset of grade ≥3 neutropenia was 2 months (range: 3 days to 31 months), with 75% of cases occurring within 4 months. Monitor neutrophil counts at least every 2 weeks for the first 2 months of COPIKTRA therapy, and at least weekly in patients

Neutropenia (cont'd): with neutrophil counts < 1.0 Gi/L (Grade 3-4). Withhold COPIKTRA in patients presenting with neutrophil counts < 0.5 Gi/L (Grade 4). Monitor until ANC is > 0.5 Gi/L, then resume COPIKTRA at same dose for the first occurrence or at a reduced dose for subsequent occurrences.

Embryo-Fetal Toxicity: Based on findings in animals and its mechanism of action, COPIKTRA can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Conduct pregnancy testing before initiating COPIKTRA treatment. Advise females of reproductive potential and males with female partners of reproductive potential to use effective contraception during treatment and for at least 1 month after the last dose.

ADVERSE REACTIONS

B-cell Malignancies Summary

Fatal adverse reactions within 30 days of the last dose occurred in 8% (36/442) of patients treated with COPIKTRA 25 mg BID. Serious adverse reactions were reported in 289 patients (65%). The most frequent serious adverse reactions that occurred were infection (31%), diarrhea or colitis (18%), pneumonia (17%), rash (5%), and pneumonitis (5%). Adverse reactions resulted in treatment discontinuation in 156 patients (35%) most often due to diarrhea or colitis, infection, and rash. COPIKTRA was dose reduced in 104 patients (24%) due to adverse reactions, most often due to diarrhea or colitis and transaminase elevation. The most common adverse reactions (reported in ≥20% of patients) were diarrhea or colitis, neutropenia, rash, fatigue, pyrexia, cough, nausea, upper respiratory infection, pneumonia, musculoskeletal pain and anemia.

IMPORTANT SAFETY INFORMATION (cont'd)

CLL/SLL

Fatal adverse reactions within 30 days of the last dose occurred in 12% (19/158) of patients treated with COPIKTRA and in 4% (7/155) of patients treated with ofatumumab. Serious adverse reactions were reported in 73% (115/158) of patients treated with COPIKTRA and most often involved infection (38%; 60/158) and diarrhea or colitis (23%; 36/158). COPIKTRA was discontinued in 57 patients (36%), most often due to diarrhea or colitis, infection, and rash. COPIKTRA was dose reduced in 46 patients (29%) due to adverse reactions, most often due to diarrhea or colitis and rash. The most common adverse reactions with COPIKTRA (reported in ≥20% of patients) were diarrhea or colitis, neutropenia, pyrexia, upper respiratory tract infection, pneumonia, rash, fatigue, nausea, anemia and cough.

FL

Serious adverse reactions were reported in 58% of patients and most often involved diarrhea or colitis, pneumonia, renal insufficiency, rash, and sepsis. The most common adverse reactions (≥20% of patients) were diarrhea or colitis, nausea, fatigue, musculoskeletal pain, rash, neutropenia, cough, anemia, pyrexia, headache, mucositis, abdominal pain, vomiting, transaminase elevation, and thrombocytopenia. Adverse reactions resulted in COPIKTRA discontinuation in 29% of patients, most often due to diarrhea or colitis and rash. COPIKTRA was dose reduced in 23% due to adverse reactions, most often due to transaminase elevation, diarrhea or colitis, lipase increased and infection.

IMPORTANT SAFETY INFORMATION (cont'd)

DRUG INTERACTIONS

CYP3A Inducers:
Coadministration with a strong CYP3A inducer may reduce COPIKTRA efficacy. Avoid coadministration with strong CYP3A4 inducers.

CYP3A Inhibitors:
Coadministration with a strong CYP3A inhibitor may increase the risk of COPIKTRA toxicities. Reduce COPIKTRA dose to 15 mg BID when coadministered with a strong CYP3A4 inhibitor.

CYP3A Substrates:
Coadministration of COPIKTRA with sensitive CYP3A4 substrates may increase the risk of toxicities of these drugs. Consider reducing the dose of the sensitive CYP3A4 substrate and monitor for signs of toxicities of the coadministered sensitive CYP3A substrate.

Please see Important Safety Information, including **Boxed Warning**, within the safety tab, as well as accompanying full Prescribing Information and Medication Guide.

REFERENCE: COPIKTRA Prescribing Information, Verastem, Inc.

Verastem Cares

Support services for your patients with CLL/SLL and FL

Verastem Cares is a comprehensive, personalized program designed to provide information and assistance to patients who have been prescribed COPIKTRA™ (duvelisib)

ONCOLOGY NURSE ADVOCATE

- The primary point of contact at Verastem Cares to support patient access and education for patients taking COPIKTRA

FINANCIAL ASSISTANCE*

- Co-pay card with out-of-pocket costs as low as $5/prescription
- Patient Assistance Program (PAP)

BRIDGE PROGRAM*

- Treatment access assistance for patients experiencing coverage delays or loss of insurance >5 days

RESOURCE SUPPORT

- Connecting patients to organizations that can provide guidance and resources

If you have any questions about Verastem Cares, please call 1-833-570-CARE (2273) or visit COPIKTRAHCP.com/DISCOVER

*Subject to eligibility requirements. Restrictions apply.

Verastem Cares is not intended to provide medical advice, replace prescribed treatment plans, or provide treatment or case management services. Patients are advised to always talk to their healthcare provider about any medical decision.

Verastem Oncology